# Appendix J
# HMPTS QP Procedures

| LLNL | Approved by:<br>Original Signed and on file in the HMPTS Assurance Office | Effective Date:<br>4/93 | Procedure No.<br>M-078-90.0, QP-1.1 |
|---|---|---|---|
| HMPTS | Prepared by: A. DeMers | Page 1 of 7 | Revision: 0 |

# Subject: Specific Quality Assurance Plan & Implementation Guidance

## 1.0 Purpose

The HMPTS Specific Quality Assurance Plan and Implementation Guidelines is designed to help committee members management understand how to implement the HMPTS QAP in their area of responsibility. The Chairperson has established the 10 QA Criteria as the base-line requirements against which the actual contents of the member Specific QA Plan (SQAP) is to be developed and evaluated prior to approval by the appropriate management.

## 2.0 Scope

This procedure applies to all HMPTS Principal Members and can be used as a guide for the general members.

## 3.0 Procedure

All SQAPs must have a title page which contains space for the items listed below.

- The name of the organization to which the SQAP applies.
- A unique alpha-numeric identifier.
- The signature of the person submitting the SQAP for approval and the date of submission.
- The signature of those in line management who approved the SQAP and the dates of approval.
- The date that the SQAP was first issued.
- The current issue date.
- The revision number of the SQAP.

### 3.2 Table of Contents

3.2.1 All SQAPs shall contain a table of contents that lists all documents, policies, and other materials that are contained in the SQAP.

### 3.3 10 HMTPS QA Criteria Implementation Guidance

3.3.1 Line management shall evaluate the organization, activity, or project that a SQAP covers to assure that the SQAP provides level of detail and management controls needed to achieve the organization's activity's or project's objectives.

3.3.2 The written approval of the SQAP by the HMPTS Committee Chairperson will signify that the evaluation described in 3.3.1 has been made and the level of detail of the SQAP is appropriate for that organization, activity, or project and that the requirements of the 10 HMPTS QA Criteria in section 5.0 are implemented through the SQAP.

## 4.0 Management Criteria

### 4.1 Criterion 1 - Program

4.1.1 Include the latest revision of the HMPTS QAP in the division SQAP.

4.1.2 Include a mission statement that describes the end product or performance objectives of the organization, activity, or project. The mission statement can be included as part of the functional analysis of the organization, activity, or project.

4.1.3 Include a written description of the organizational structure, functional responsibilities, and levels of authority for the organization, activity, or project. Job descriptions should be defined here.

4.1.4 Include a description of all organizational interfaces with other organizations at LLNL and with outside institutions.

4.1.5 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described in Section 5.1 Criterion 1.

4.1.6 List the DOE Orders other than DOE 5700.6C that apply to this organization, activity or project as assigned in Appendix G. The descriptions of how applicable requirements of these Orders will be implemented should be described under the appropriate functional Criterion in the SQAP.

## 4.2 Criterion 2 - Personnel Training & Qualification

4.2.1 Describe how training for the job descriptions included in 5.1.3 is defined and what constitutes training including how mentors are utilized. It should describe how the LLNL policy on line managers receiving training in managerial, communications, and interpersonal skills is implemented for personnel in this organization, activity, or project.

4.2.2 Describe the policy for on-going training of personnel and how that policy is implemented. This should include the requirements that individual training assessments be made for individuals in an organization, activity, or project.

4.2.3 List all ES&H training requirements associated with the job descriptions in this organization, activity, or project and how training requirements are determined and maintained.

4.2.4 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described in Section 5.2 under Criterion 2 (Personnel Training and Qualification)

4.2.5 Describe how applicable requirements for personnel training and qualification for each of the other DOE Orders assigned to this organization, activity, or project in HMPTS QA Plan Appendix G are implemented as part of this criterion.

## 4.3 Criterion 3 - Quality Improvement

4.3.1 Describe the method(s) used to gather information and data about whether the actual performance objectives and mission of the organization, activity, or project are being met.

4.3.2 Describe the method(s) used for analyzing performance related information/data and describe how "lessons learned" are used to help increase the effectiveness of personnel and improve their performance.

4.3.3 Describe how management encourages employees to identify and report performance problems and how management attempts to foster a “no-fault” attitude toward these employees.

4.3.4 Describe the method(s) used for performing cause analysis on performance problems and how management determines which problems will be subjected to such analysis.

4.3.5 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described in Section 5.3 under Criterion 3 (Quality Improvement).

4.3.6 Describe how applicable requirements for quality improvement or trending analysis for each of the other DOE Orders assigned to this organization, activity, or project in Appendix G are implemented as a part of this criterion.

### 4.4 Criterion 4 - Documents and Records

4.4.1 Describe how the Laboratory policy that requires the production of documentation describing organizations, functions, policies, decisions, products, equipment, software, procedures, and essential transactions is being implemented for this organization, activity, or project.

4.4.2 Describe how the Laboratory policy on controlled documents is being implemented and list all controlled documents associated with this organization, activity, or project.

4.4.3 Laboratory policy requires that the above mentioned documents be retained through the mechanism of the LLNL Records Management Program that is based on DOE Order 1324.2A (Records Disposition) and DOE Order 1324.5 (Records Management Program). The implementation of the LLNL Records Management Program for this organization, activity, or project should be briefly described and/or referenced in this portion of the SQAP.

4.4.4 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described in Section 5.4 under Criterion 4 (Documents and Records).

## 5.0 Performance Criteria

### 5.1 Criterion 5 - Work Processes

5.1.1 Describe how this organization, activity or project implements the Laboratory policy on maintaining an effective and efficient work force.

5.1.2 Describe how this organization, activity, or project implements the Laboratory policy that people who are assigned to tasks must have the appropriate skills, experience, academic qualifications, or professional certification to carry out the work successfully.

5.1.3 Describe the method(s) used for determining which work processes are sufficiently complex or involves sufficient hazards that they will be performed to instructions, procedures, and drawing and provide a list of these work processes. Describe how these instructions, procedures, and drawings are generated, updated, and controlled.

5.1.4 Describe the method(s) used for defining the performance objectives for which personnel will be held accountable and for providing regular feedback about when work has been performed acceptably or when improvement is needed.

5.1.5 List and describe the method(s) for determining which work processes involve a possible ES&H impact.

5.1.6 Describe the method(s) used to assure that items are packaged, stored and maintained to prevent damage, loss, or deterioration.

5.1.7 Describe the method(s) for determining which measuring and test equipment is to be calibrated and the process for maintaining and tracking calibration.

5.1.8 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described in Section 5.5 under Criterion 5 (Work Processes).

5.1.9 Describe how applicable work process requirements for each of the other DOE Orders assigned to this organization, activity, or project in Appendix G are implemented as a part of this criterion.

## 5.2 Criterion 6 - Design

5.2.1 Design Control criteria is not developed, and does not apply to the HMPTS Program since the products used to package and transport hazardous materials, hazardous substances, and hazardous wastes are designed by approved suppliers and not by LLNL. The suppliers are required to design, produce, test, and certify these products according to the proper designs specific by Federal, State, and other regulations and requirements. Should a member of the HMPTS Committee design items other than those specified by the HMPTS charter, that division is responsible to further develop this Criterion 6 as follows:

5.2.2 Laboratory policy requires that the items listed below be incorporated into designs to a level of detail that is commensurate with the scale, cost, complexity, hazards, phase, and programmatic significance of the design as defined by the HMPTS Hazard/Assurance Prioritization System in HMPTS QA Plan Appendix B.

5.2.2.1 Describe the project management structure of design projects, including the designation of a project leader and the lines of responsibility for the project.

5.2.2.2 Describe how design input will be translated into specifications and drawings. This should include items such as fire protection requirements, design bases, and reliability requirements.

5.2.2.3 Describe how specifications, final designs, field changes, and modifications will be approved by the original design organization or a technically competent designate with a policy that specifies sign-off procedures for design drawings and related documents.

5.2.2.4 Describe how design interfaces and corresponding responsibilities will be defined so that design efforts are effectively coordinated among participating organizations.

5.2.2.5 Describe how design inputs, processes, outputs, and changes will be validated by technically competent individuals or groups other than those who performed the original design. The level of detail of validation and the methods used should be appropriate to the scale, cost, complexity, hazards, and programmatic significance associated with the design.

5.2.2.6 Describe the method(s) for assuring that design requirements and changes are independently reviewed for ES&H impact.

5.2.2.7 Describe how designs will be validated prior to procurement, manufacture, or construction. If this in not possible, describe how the invalidated portion of the design will be identified and then subsequently validated prior to the installation and use of the item.

5.2.2.8 Describe the mechanism for assuring that final design records are incorporated into the LLNL Records Management Program.

5.2.2.9 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described in Section 5.6 under Criterion 6 (Design).

## 5.3 Criterion 7 - Procurement

5.3.1 Describe the method(s) for including requirements and specifications in procurement documents and the procedure for reviewing these documents.

5.3.2 For other than HMPTS procured containers, describe the method(s) for validating that suppliers can provide acceptable items and services, what criteria they are judged against, and how often they will be evaluated.

5.3.3 Management should assure that the information provided in the section of the SQAP addresses all of the requirements described in Section 5.7 under Criterion 7 (Procurement) and the applicable requirements in the LLNL Procurements Policy Manual.

### 5.4 Criterion 8 - Inspection and Acceptance Testing

5.4.1 Describe the method(s) for utilizing inspections and acceptance testing for work associated with engineering, fabrication, assembly, ES&H, and procurement.

5.4.2 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described under Criterion 8 (Inspection and Acceptance Testing in section 5.8 of the HMPTS QAP.

5.4.3 Describe how the applicable inspection and acceptance testing requirements in the other DOE Orders assigned to the organization, activity, or project in Appendix G of the HMPTS QAP, are implemented as a part of this criterion.

## 6.0 Assessment Criteria

### 6.1 Criterion 9 - Management Assessment

6.1.1 Describe how line management will periodically evaluate whether or not the management infrastructure and resources for which they are responsible are properly focused on achieving the mission objectives assigned by the HMPTS Chairperson and Committee as required in HMPTS QAP Section 5.9, Criterion 9.

6.1.2 Describe how the results of management assessments will be reported to the appropriate level of management as required in Section 5.9, Criterion 9.

6.1.3 Management should assure that the information provided in this section of the SQAP addresses all of the requirements described in Section 5.9 under Criterion 9 (Management Assessment).

6.1.4 Describe how the applicable management assessment requirements in the other DOE Orders assigned to this organization, activity, or project in Appendix G are implemented as a part of this criterion.

### 6.2 Criterion 10 - Independent Assessment

6.2.1 Independent assessment of the implementation of the QAP will be performed by the CMO of the HMPTS Committee, as required by the Chairperson in HMPTS QAP Section 5.10, Criterion 10.

| | | | |
|---|---|---|---|
| **LLNL** | **Approved by:**<br>**Original Signed and on file in the HMPTS Assurance Office** | **Effective Date:**<br>**11/95** | **Procedure No.**<br>**M-078-90.0, QP-3.1** |
| **HMPTS** | **Prepared by: A. DeMers** | **Page 1 of 3** | **Revision: 0**<br>**Change 3** |

# Subject: HMPTS Corrective Action

## 1.0 Purpose

To provide a controlled method of obtaining and documenting corrective action for quality improvement through the identification and correction of the root causes of problems in order to preclude or reduce recurrence resulting in improvements in the area of quality and/or safety, health or the environment.

## 2.0 Scope

This procedure applies to all personnel involved in HMPTS activities. The system and control of Corrective Actions required as a result of deficiencies noted during internal and external appraisals as well as those required for deficiencies noted on Nonconformance Reports are covered by this procedure.

## 3.0 Definitions

**Condition adverse to quality:** An all inclusive term used in reference to any of the following: failures, malfunctions, deficiencies, defective items, and nonconformances. A significant condition adverse to quality is one which, if incorrect, could have a serious effect on safety, health, the environment or operability

**Corrective action:** Measures taken to rectify conditions adverse to quality and, where necessary, to preclude repetition.

**Nonconformance:** A deficiency in characteristic, documentation or procedure that renders the quality of an item or activity unacceptable or indeterminate.

**Root cause**: A fundamental deficiency that results in a nonconformance and must be corrected to prevent recurrence of the same or similar nonconformances.

# 4.0 Procedure

The HMPTS Assurance Office is responsible for determining the need for corrective action and for initiating all HMPTS Corrective Action Requests.

## 4.1 Corrective Action For Container Nonconformances

4.1.1 The following items shall be considered when determining the need for requesting corrective action from a container supplier for specific nonconformances.

- The nature of the nonconformance
- The processes involved.
- The number and degree of nonconformances in the defective product.
- The quantity of nonconforming items.
- The number of recurrences.

4.1.2 When a corrective action request is not warranted on an individual nonconformance, but a supplier's quality history indicates an unacceptable acceptance rate, then the HMPTS Assurance Office will initiate a CAR, per Appendix 1 of this procedure, informing the supplier of this trend and requesting corrective action.

4.1.3 Upon completion of blocks 1 through 10, the HMPTS Assurance Office will enter the CAR into the CAR log (Ref Appendix 2) and distribute the CAR as follows:

- The original is forwarded to the supplier through purchasing for supplier CARs or to the appropriate division leader for LLNL internal CARs.

- One copy is placed in the HMPTS QA file per Appendix 1 of this procedure.

4.1.4 The Supplier may request, in writing, extensions of the corrective action response due date.

4.1.4.1 Upon receipt of a request for an extension, the Assurance Office reviews the request and the reason given. When the request is based on valid reasons requiring additional time, the Assurance Office grants the extension in writing. The extension approval is transmitted to the supplier through purchasing. When the CAR is for an internal supplier, the approval for the extension is sent directly to the responsible individual.

4.1.4.2 Upon granting an extension the HMPTS Assurance Office records the new response date in the CAR log.

4.1.4.3 When the supplier's request for an extension of the due date is disapproved the Assurance Office forwards a letter through purchasing to the supplier stating the reason(s) for disapproval.

4.1.4.4 When a supplier fails to respond to the CAR within 10 days after the due date, the Assurance Office forwards a delinquent notice to purchasing for transmission to the supplier.

4.1.4.5 Failure of a supplier to provide an acceptable response to a CAR will result in removal of that supplier from the approved supplier list. Interim responses, with monthly update, during long term investigations are acceptable and will not adversely effect the supplier.

4.1.5 Upon receipt of the response to a CAR, the Assurance Office evaluates the cause and corrective action statements. Approval or disapproval is indicated by checking the appropriate line and signing the HMPTS Review block. The Assurance Office then completes the CAR log and files the completed copy of the CAR in the HMPTS quality records file.

4.1.6 When a response is not acceptable, the Assurance Office issues a new CAR referencing the original CAR and a clear statement of the reason for disapproval.

## 4.2 Corrective Action For Assessment Findings

4.2.1 All HMPTS assessment findings require evaluation by the affected department. Corrective action or a response is required for all internal management and independent assessment findings. The corrective action for internal management and independent assessment findings will be documented on the CAR form. When the assessment finding form contains information and signature blocks similar to the CAR form, the appraisal finding form may be used to document the corrective action. Findings determined to be invalid require a written response stating the facts upon which this conclusion was reached.

4.2.2 The Assurance Office will assign all findings to the responsible organization for corrective action. Assessment findings will be entered into the LLNL DefTrack system by the responsible organization. Reply due dates may be assigned by an agreement between the affected department and the Assurance Office. This will be based on a mutual determination of the extent of work required to analyze and correct the deficiency, the severity of the problem, and budget constraints.

4.2.3 Upon receipt of the completed CAR, the Assurance Office will review the root cause and corrective actions taken for completeness and will evaluate the CAR response and indicate approval by completing and signing the HMPTS review block. When the response is not acceptable the CAR will be returned with a clear statement for disapproval to the responsible organization for resolution.

4.2.4 A summary report of all corrective actions will be presented to the HMPTS Committee during the monthly meetings, as appropriate.

# Appendix 1
# QP-3.1
# HMPTS Corrective Action Request Form Instruction

| | |
|---|---|
| (1) CAR No. | The number assigned to the CAR by the HMPTS Assurance Office |
| (2) Responsible Organization | Enter the name of the organization or supplier the CAR is to be sent to. |
| (3) Request date | Enter the date the CAR is originated. |
| (4) Supplier address | The address of the supplier or mail stop the CAR is directed to. |
| (5) Reply due date | Enter the date by which the supplier or responsible organization is to respond to the request. (Allow sufficient time for the supplier to receive the request, evaluate the cause, and determine the required corrective action.) |
| (6) Purchase Order No. | When the CAR is the result of nonconformances in a specific shipment of containers enter the purchase order number the nonconforming items were purchased on. When the CAR is due to a quality history trend, enter "various." |
| (7) Item description or activity | When the CAR is the result of nonconformances associated with a specific container enter the name or description of the container in this block. If the CAR is the result of an assessment finding, enter the activity or process found deficient. |
| (8) Part or Procedure No. | When the CAR is the result of nonconformances associated with a specific container enter the part number of the container or the manufacturers description/DOT/UN item description. If the CAR is the result of an assessment finding enter the procedure number or the number of the document referenced in the finding. |
| (9) Description of Nonconformance | Enter a clear description of the nonconformance(s) or conditions adverse to Quality requiring corrective action by the Supplier or responsible organization. Include references to the original document(s). Copies of the original documents may be included as attachments when this would aid in the evaluation and correction of the condition. |
| (10) Prepared by & Title | The signature and title of the Originator |

*Blocks 11 and 12 are to be completed by the individual or supplier assigned responsibility for the corrective action*

| | |
|---|---|
| (11) Root Cause of Nonconformance | A clear statement of the conditions that created the nonconformance/ condition circumstance(s) allowing the nonconformance to occur. |
| (12) Corrective action taken | Enter the actions taken to eliminate the root cause and recurrence of the nonconformance. Attach supporting documentation such as new check lists, procedures, training courses or other applicable documentation. Enter the effective date or manufacturing cut in point when the corrective action was implemented. The responsible individual will sign and date this block. |
| (13) HMPTS Review | The Assurance Office checks the appropriate block to indicate approval or disapproval of the CAR response, and sign and dates this block. |

**QP-3.1**
**HMPTS Corrective Action Request Form**

**Should go here**

| | | | |
|---|---|---|---|
| **LLNL** | **Approved by:**<br>**Original Signed and on file in the HMPTS Assurance Office** | **Effective Date:**<br>**11/95** | **Procedure No.**<br>**M-078-90.0, QP-3.2** |
| **HMPTS** | **Prepared by: A. DeMers** | **Page 1 of 3** | **Revision: 0**<br>**Change 3** |

# Subject: HMPTS Container Nonconformance Report

## 1.0 Purpose

To establish a controlled system for documentation and disposition of nonconforming containers and packaging purchased by the HMPTS Committee.

## 2.0 Scope

This procedure applies to all personnel involved in the receiving inspection of containers purchased by the HMPTS Committee. However, this procedure and associated forms may be used by any HMPTS Committee participant referenced in the HMPTS QA Plan for identifying and tracking container nonconformances noted in any other area.

## 3.0 Definitions

**Nonconformance:** A deficiency in characteristic, documentation or procedure that renders the quality of an item or activity unacceptable or indeterminate.

**Repair:** The process of restoring a nonconforming characteristic to a condition such that the capability of an item to function reliably and safely is unimpaired, even thought the item still does not conform to the original requirement.

**Rework:** The process of restoring a nonconforming characteristic to a condition such that the capability of an item to function reliably and safely is unimpaired, even though the item still does not conform to the original requirement.

**Scrap:** Nonconforming material that is not usable for its intended purpose or cannot be economically reworked or repaired.

**Use as is (UAI):** A disposition which permits the use of a nonconforming item when it can be established that the item is satisfactory for the intended use.

## 4.0 Procedure

**4.1** Upon detection of a nonconformance within the scope of this procedure, the initiator shall prepare an HMPTS Container Nonconformance Report (NCR) in accordance with Appendix - 1 of this procedure. The initiator is responsible for completing the inspection of the product and all applicable required supplier documentation and noting all nonconformances on the NCR.

4.1.1 After completion of blocks 2 through 16, the initiator will forward the NCR and any documentation required to assist in evaluating and dispositioning the nonconformance(s) to the HMPTS Assurance Office. When necessary, nonconforming items shall be tagged to clearly identify their status (Appendix - 2). The nonconforming item(s) and documentation shall be segregated from conforming material for disposition.

**4.2** Upon receipt of the NCR, the HMPTS Assurance Office will review the NCR for completeness, assign the next number in sequence to the NCR and enter it in the NCR Log (Appendix - 3), and forward the original NCR to the responsible organization for disposition. One copy of the NCR is placed in the open NCR file pending disposition.

4.2.1 An authorized individual from the operating organization shall disposition the nonconformance(s) in accordance with this procedure. The authorized individual shall indicate the number of items to be dispositioned by entering the quantity in the applicable disposition block(s). One or more of the following dispositions may be made for a given lot of nonconforming items: Return to Vendor, (RTV) Scrap, Repair, Rework or Use as is (UAI). The HMPTS Assurance Office will maintain a list of individuals authorized to disposition nonconforming items provided by each Principal Participant organization.

4.2.1.1 Dispositions of repair and use as is require technical justification for the acceptability of the repaired or nonconforming item accepted. Dispositions of repair also require appropriate repair instructions.

4.2.2 Upon completion of the disposition, and when applicable, the instructions and technical justification, the authorized individual will forward the NCR to the HMPTS Assurance Office for review of the disposition and applicable instructions. When there is a problem with the disposition or the form is incomplete the HMPTS Assurance Office will return the NCR to the responsible individual with an explanation of the nature of the problem for correction. When concurring with the disposition and instructions, the HMPTS Assurance Office will sign and date the NCR and distribute copies as follows:

- One copy to the responsible organization for implementation
- One copy to buyer
- Copy to Initiator
- Original to the HMPTS NCR file
- One copy to accompany the container(s) for all Scrap, RTV, Repair and Rework dispositions
- One copy to LLNL Waste Certification Program(WCP) Office

4.2.2.1 If necessary, for items dispositioned as RTV, Receiving will initiate an "Order In Distress" form and return the items to the supplier.

4.2.2.2 For items dispositioned Rework or Repair the Inspector/Initiator will forward the items and copy of the NCR to the rework or repair organization specified on the NCR. All rework and repair will be inspected prior to accepting the items into stores.

4.2.2.3 Items dispositioned as Scrap will be identified as scrap and disposed of in accordance with LLNL salvage procedures.

4.2.2.4 For items dispositioned as UAI the Inspector/Initiator will remove the Nonconforming tag and forward the items to stores or the requesting organization as applicable.

4.2.3 When the NCR disposition is completed and approved, the HMPTS Assurance Office will remove the incomplete NCR copy from the file and replace it with the completed NCR and close out the NCR on the NCR Log

4.2.4 Periodically, completed HMPTS NCRs shall be evaluated by the HMPTS Assurance Office to identify any possible adverse trends or indication of serious problems within the HMPTS Program. The evaluation and any required corrective action will be documented in writing.

# Appendix - 1
# QP-3.2
# HMPTS Container Nonconformance Report

| | | |
|---|---|---|
| (1) | NCR No. | The number assigned by the HMPTS Assurance Office |
| (2) | Part Number/Description | Enter the Part number or description shown on the Purchase Order |
| (3) | Inspector/Initiator | The name of the Individual originating the NCR |
| (4) | Tag No. | The number on the tag placed on the nonconforming item(s) to indicate its status it may be the same as NCR number |
| (5) | Date | Enter the date by year, month, day (yy/mm/dd) |
| (6) | Part Name | Enter the nomenclature of the nonconforming item(s) |
| (7) | Supplier | Enter the name of the supplier of the nonconforming item(s) |
| (8) | P.O. No. | Enter the purchase order number on which the item(s) were purchased |
| (9) | Buyer | Enter the name of the buyer when known |
| (10) | Requester | Enter the name of the requester when known |
| (11) | Date Received | Enter the date when the items were received by LLNL |
| (12) | Qty Received | Enter the total number of items received |
| (13) | Qty Inspected | Enter the number of items inspected in the lot |
| (14) | Qty Nonconforming | Enter the number of nonconforming items received |
| (15) | Lot code/Serial No(s) | Enter the lot code(s) or serial numbers of the nonconforming items. Indicate whether the numbers entered are lot codes or serial numbers by lining out the appropriate designator. |
| (16) | Discrepancy | Enter a clear description of the nonconformance(s) stating the requirement and the actual condition including references to specifications, drawings, or other documented requirements as required. |
| (17) | Disposition Instructions | The authorized individual from the operating organization completes this block be entering the applicable quantities in the disposition blocks. “Use As Is” and “Repair” dispositions also require the rational stating the technical justification for the acceptability of the item(s). Repair instructions will be included in this section. |
| (18) | Operating Org Date | The signature of the authorized individual making the disposition and date and date signed |
| (19) | HMPTS Assurance Office | The signature of the HMPTS Assurance Office indicating date concurrence with the disposition and the date signed |

# Appendix - 1
# QP-3.2
# HMPTS Container Nonconformance Report

## Form

## INSERT HERE

# Appendix - 2

## QP-3.2

## HMPTS QA HOLD TAG

**QA HOLD**

**NCR #** _____

**Tag #** _____ **of** _____

**Item Description** _____

_____

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_____

**Reason for hold** _____

_____

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**Initiator** _____

**Date** _____

**Conditional Release Restrictions for Use:** _____

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_____ _____

**Quality Assurance** **Date**

## FRONT VIEW

## Appendix QP- 2

## QP-3.2

## HMPTS QA HOLD TAG
## (Rear)

**DO NOT REMOVE**
**THIS TAG WITHOUT**
**QA AUTHORIZATION**

**DO NOT REMOVE**
**THIS TAG WITHOUT**
**QA AUTHORIZATION**

**BACK VIEW**

# Appendix 3

## M-078-90.0, Rev. 0, Change 3
## QP-3.2

## HMPTS Container Nonconformance Report Log

| NCR No. | Item Description | Supplier Name | Qty | Date Initiated | Date Closed | Dispostion |
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| **LLNL** | **Approved by:**<br>**Original Signed and on file in the HMPTS Assurance Office** | **Effective Date:**<br>**11/95** | **Procedure No.**<br>**M-078-90.0, QP-7.1** |
| **HMPTS** | **Prepared by: A. DeMers** | **Page 1 of 4** | **Revision: 0**<br>**Change 3** |

# Subject: HMPTS Supplier Assessment Procedure

## 1.0 Purpose

To establish the method of performing Quality Assurance Assessments as a means of evaluating the supplier's Quality Assurance and Control systems and the effectiveness of its implementation.

## 2.0 Scope

This procedure applies to all Quality Assurance personnel involved in performing Supplier Quality Assurance Assessments for the Hazardous Material Packaging and Transportation Safety Organization.

## 3.0 Applicable Documents

DOE Order 5700.6C, Quality Assurance

## 4.0 Definitions

### 4.1 Supplier

The terms subcontractor, supplier, vendor, seller, or any other term used to identify the source from which LLNL obtains products, processes, or services are considered to be synonymous for the purpose of this procedure.

### 4.2 Category I Purchases

This category includes purchases for products that are either complex or are critical to safety and whose malfunction could directly result in the release of hazardous material, loss of radiation shielding, or in a change in geometry which compromises criticality controls, or for which conformance to contract requirements cannot or could not, for reasons of economics, be fully determined upon receipt.

### 4.3 Category II Purchases

This category includes important to safety purchases the failure of which could indirectly lead to a release of hazardous material or other hazardous conditions by increasing the vulnerability of a Category I component, or for which conformance to contract requirements may be adequately determined upon receipt.

### 4.4 Category III Purchases

This category includes purchases of supplier items which are unimportant to safety or product integrity produced in accordance with Federal Standards and acceptable commercial vendor practices/catalogue.

### 4.5 Quality Assessment

An evaluation of a supplier's or prospective supplier's quality assurance capability to perform under the terms of a proposed contract.

## 5.0 Procedure

**5.1** A Supplier Quality Assessment of an existing supplier may be initiated by the HMPTS Assurance Manager or upon request for an assessment of an existing or potential supplier by Procurement, Engineering, or HMPTS Operations.

**5.2** A supplier assessment shall be performed for each prospective new supplier of Category I procurements. Approval for Category I purchases requires adequate implementation of a documented inspection or quality assurance system containing the following elements as a minimum:

- Control of purchased items - Receiving Inspection
- Training
- Statistical Process Control
- Design, Specification, and Change Control
- Inspection System for in-process and final inspection
- Identification and Control of Items
- Inspection and Test Status
- Measuring and Test Equipment Calibration System
- Nonconforming Material Control System
- Corrective Action
- Document Control and Quality Records
- Control of Processes
- Assessment of applicable addendum's such as Special Processes, NDT, Container Requirements, etc.

5.2.1 Pre-award Quality Assessments are not required for Category II procurements. However, Quality Assessments of prospective new suppliers of Category II procurements will be performed on an as-required basis when requested per paragraph 5.1 above. Approval for Category II purchases requires effective implementation of an inspection system encompassing a minimum of the following elements:

- Control of purchased items - Receiving Inspection
- Training
- Inspection System for in-process and final inspection
- Identification and Control of Items
- Inspection and Test Status
- Measuring and Test Equipment Calibration System
- Nonconforming Material Control System
- Corrective Action
- Document Control and Quality Records
- Control of Processes
- Assessment of applicable addendum's such as Special Processes, NDT, Container Requirements, etc.

5.2.2 Quality assessments will not generally be performed for Category III procurements unless an unusual condition or requirement indicates a need for an assessment.

5.2.3 Suppliers with an "unapproved" rating based on the results of the Quality Assessment or as a result of past quality history, will not be eligible for purchases of any category of procurements until corrective action has been taken by the supplier and approved by Quality.

**5.3** All Supplier Quality Assessments shall be performed by personnel knowledgeable and certified in Quality Assurance/Control systems assessments and methods using the Supplier Quality Assessment Form.

5.3.1 The qualified Lead Auditor performing the assessment completes the Supplier Quality Assessment form and checks the appropriate columns for each item on the form. See Appendix 1, Copy of HMPTS Supplier Quality Assessment form

5.3.2 Upon completion of the assessment the Lead Assessor verbally briefs the supplier's management representative regarding the assessment findings. Any disagreements concerning the supplier's compliance with an element of the assessment are resolved at this time.

*NOTE: Any commitment to provide the supplier with a written evaluation must be coordinated through Procurement.*

**5.4** The Lead Auditor performing the assessment evaluates the supplier's quality assurance system based on the category for which the supplier is being considered and the effective implementation of this quality system. When the comments section of the form is not sufficient to communicate the assessment findings, the assessor prepares a trip report based on the assessment results.

5.4.1 Assessments resulting in a conditional approval may include recording the following on the assessment form or trip report.

- The limitations upon which the conditional approval was granted
- The estimated dates of resolution of temporary conditions resulting in the supplier receiving the conditional approval, if known.

5.4.2 The completed assessment forms distribution is to the following individuals as applicable:

- The Program Quality Assurance Manager
- The responsible Buyer
- The responsible Engineer
- The HMPTS Assurance Office, which retains the master assessment form, identifies it as a Quality Record, inputs results into Supplier Data Base, and maintains the original files.

**5.5** A re-evaluation of the suppliers appearing on the Approved Supplier List will be performed periodically, usually every three years. This will be accomplished either through a desk audit, by reviewing the suppliers performance, or by an on-site assessment by the Lead Auditor if needed as determined by the HMPTS Assurance Office. Additionally, if the supplier has received ISO registration or approval by a member of the DOE Supplier Quality Information Group, he may be approved for continuance on the Approved Supplier List by the HMPTS Assurance Office.

# APPENDIX 1
# QP-7.1
# HMPTS SUPPPLIER ASSESSMENT FORM

**The Lead auditor/assessor will input the following information in addition to the assessment results on the Supplier Assessment form, and forward the completed signed document to the HMPTS Assurance Office.**

**(1) Complete Supplier general information**

**(2) List Supplier Personnel interfaces during survey**

**(3) List Supplier Personnel title**

**(4) Note Supplier's primary business**

**(5) Identify Supplier's Quality System Standard**

**(6) General comments for noted status**

**(7) After survey note status of Supplier's QA System**

**(8) Date of assessment**

**(9) Lead Auditor's signature**

**HMPTS Supplier Assessment Form**
**(9 pages)**

**INSERT HERE**

| LLNL | Approved by:<br>Original Signed and on file in the HMPTS Assurance Office | Effective Date:<br>4/93 | Procedure No.<br>M-078-90.0, QP-7.2 |
|---|---|---|---|
| HMPTS | Prepared by: A. DeMers | Page 1 of 2 | Revision: 0 |

# Subject: HMPTS Supplier Quality History

## 1.0 Purpose

To establish the method for determining Supplier Quality History based on the Quality History of purchased products or processes and to monitor individual supplier performance trends.

## 2.0 Scope

This procedure applies to all Quality personnel involved in the preparation and evaluation of Supplier Quality History Reports for the Program(s) listed below:

## 3.0 Definitions

**Supplier** The terms subcontractor, supplier, vendor, seller, or any other term used to identify the source from which we obtain products, processes, or services are considered to be synonymous for the purpose of this procedure.

**Lot Quantity (LQTY)** For the purpose of this procedure the term lot quantity means the quantity of units received in a single shipment of product from a supplier.

**Quantity Accepted (AQTY)** The quantity of items that conform to the drawing and/or specification requirements at receiving inspection.

**Quantity Rejected (RQTY)** The quantity of items that fail to conform to the drawing and/or specification requirements at receiving inspection. When an entire lot is rejected based on a sample inspection, the total Lot Quantity is considered to be nonconforming.

## 4.0 Procedure

The HMPTS Certification Management Officer (CMO) maintains a Supplier Quality database using the data provided by receiving inspection on receiving inspection logs

Supplier Quality History Reports are prepared quarterly, listing the suppliers alphabetically and containing the following information:

- Description or part numbers of the items received
- Purchase Order number
- Date inspected
- Lot quantity
- Quantity accepted (conforming to requirements)
- Quantity rejected (not conforming to requirements)
- The acceptance percentage for each supplier
- The number and percentage of defect free lots
- Remarks for special notation by the CMO when required

The CMO reviews the Quality History Reports quarterly and evaluates and prepares a pareto chart, as needed, of the supplier quality data to determine if corrective action is required. When the CMO determines that corrective action is required, he will initiate a Corrective Action Request per M-078-90.0, QP-3.1 “Corrective Action Procedure”.

| | | | |
|---|---|---|---|
| **LLNL** | **Approved by:** Original Signed and on file in the HMPTS Assurance Office | **Effective Date:** 11/95 | **Procedure No.** M-078-90.0, QP-8.1 |
| **HMPTS** | **Prepared by:** A. DeMers | **Page 1 of 4** | **Revision: 0** Change 3 |

# Subject: HMPTS Receiving Inspection

## 1.0 Purpose

To provide a controlled system for inspecting purchased containers and packaging materials upon receipt.

## 2.0 Scope

This procedure applies to all personnel inspecting all container and packaging materials purchased by LLNL that are to be used for the offsite movement of hazardous material, substance, or waste.

## 3.0 Definitions and Acronyms

**Acceptable Quality Level (AQL):** The AQL is the maximum percent defective (or the maximum number of defects per 100 units) that, for the purpose of sampling inspection, can be considered satisfactory as a process average.

**Inspection Lot:** The term inspection lot shall mean a collection of units or product from which a sample is to be drawn and inspected to determine conformance with the acceptability criteria and may differ from a collection of units designated as a lot for other purposes (e.g., production, shipment, etc.)

**Nonconformance:** A deficiency in characteristic, documentation or procedure that renders the quality of an item or activity unacceptable or indeterminate.

**Sample:** A sample consists of one or more units of product drawn from a lot, the units of the sample being selected as representative without regard to their quality. The number of units of product in the sample is the sample size.

**Inspection:** A formal documented examination by a trained inspector resulting in the completion of an LLNL HMPTS Container Receiving Inspection Record.

**TRU Waste Container:** An empty DOT Specification 7A Standard Waste Box (SWB) or an empty DOT Specification 17C (17C) or United Nations Specification 1A2 (UN 1A2) drum assembly.

**TRU Waste Drum Assembly:** A 17C or UN 1A2 55-gallon steel drum containing an empty 90-or 110-mil polyethylene liner with a vented lid and a filter vent in the drum's lid.

Acronyms:

| | |
|---|---|
| ES&H: | Environmental, Safety and Health |
| HMPTS: | Hazardous Material Packaging and Transportation Safety |
| HWM: | Hazardous Waste Management |
| LLNL: | Lawrence Livermore National Laboratory |
| CAR: | Corrective Action Report |
| NCR: | Nonconformance Report |
| PO: | Purchase Order |
| QA: | Quality Assurance |
| SWB: | Standard Waste Box |
| TRU: | Transuranic |
| WCE: | Waste Certification Engineer |
| CMO: | Certifications Management Officer |

## 4.0 Training Requirements and Safety Considerations

Personnel performing this activity must be trained to the requirements of this procedure by the HMPTS Assurance Office and posses a valid HMPTS issued inspection stamp.

Personnel performing activities associated with this procedure that require the use of special handling equipment, i.e.: forklifts, cranes, etc., must be trained and qualified to performed such activities.

## 5.0 Procedure

**5.1** Purchased materials within the scope of this procedure, such as HMPTS Containers, including TRU Waste Containers, are inspected prior to issue by LLNL Stores or the using organization.

**5.1.1** All purchased items are visually inspected to verify identification markings, and to assure that the container surfaces are free of damage, rust, holes, penetrations, dents, scrapes, or scratches and that weld seams are complete and not damaged in anyway. Rust that is flaky is not permissible. Scratches in protective coatings that scratch or gouge the underlying metal and compromise the structural integrity of the container are not permissible. For Tru Waste Containers scratches in paint or galvanizing material must be touched up, as needed, prior to acceptance. Initial and date the shipper and inspection check list items.

**5.1.2** For TRU Waste Containers: for drums assure that a filter vent (Nuclear Filter Technology or other filter vents approved by HMPTS), has been installed in the drum lid. In addition, when required by purchase order, assure that two(2) through holes to accommodate a small seal wire is present, one in the drum ring bolt head and one in the shaft. In a TruPak II SWB, two(2) plugs and two(2) filter vents are included in the box.

**5.1.3** Visually inspect the TRU Waste container liners for damage and assure that the lid has a vent hole.

## NOTE FOR TRU WASTE CONTAINERS

Various drips or other non-shiny areas resulting from hot-dipped galvanizing are acceptable as long as the coating is present and bare steel does not show through.

**5.2** Items purchased to LLNL drawings shall be inspected for conformance to the drawing and/or specification(s) of the proper revision level as called out on the purchase order (PO), and any special instructions included on the PO.

**5.3** DOT/UN specification and vendor catalog items purchased to LLNL stores stock or vendor part numbers are inspected for identification to the applicable DOT/UN Standards and/or vendor catalog description and are verified to be manufactured by an HMPTS approved supplier.

**5.4** When the purchase order (PO) or requisition calls for certifications of conformance and/or other certifications such as Material Certifications (CMTR), the receiving inspector or HMPTS Assurance Office shall verify that the certification(s) comply with the requirements of the PO/requisition. All container shipments will have closure information included. Missing or incorrect documentation is cause for withholding acceptance of the lot.

**5.5** When the PO/requisition calls for Manufactured Lot Traceability or serialization, the receiving inspector or HMPTS Assurance Office verifies that the items are permanently identified by the supplier and meet the requirements of the PO/requisition.

**5.6** Items for which inspection has been performed and accepted by LLNL source inspection are inspected at receiving by inspection for shipping damage only.

**5.7** The inspector obtains the following documentation, as applicable, prior to beginning inspection:

- Purchase order/requisition or packing list
- Applicable drawings or vendor catalog description
- Applicable specifications
- Specific inspection instructions
- Applicable check lists
- Approved supplier list

**5.8** Inspection of purchased items is performed in accordance with this procedure and all applicable special instructions and check lists. A sample of the Receiving Inspection Check List is in Appendix 3 of this procedure. When not otherwise specified, receiving inspection is performed using the zero defect sampling size per table in Appendix 1 of this procedure. A zero defect (c=0) sampling means that if no defective items are found in the representative sample, then the entire lot is accepted. If, however, one or more parts in the representative sample are found to be defective, not shipping damage, acceptance of the entire lot is withheld and the nonconformances are recorded on an HMPTS Nonconforming Report (NCR) per NCR procedure number QP 3.2. Those items damaged during shipping and/or handling are to be immediately returned to vendor (RTV) and an NCR is to be initiated noting the shipping damage.

5.8.1 Parts fabricated to LLNL drawing or specifications: Use the AQL 1.0 to determine sample size.

5.8.2 Vendor catalog, DOT Standard, and/or items purchased to LLNL stores stock part numbers: Use the AQL 4.0 to determine sample size.

5.8.3 Upon determining the sample size, the inspector selects the appropriate number of representative items to be inspected from the lot without regard to the quality of the items selected. The inspector accepts or withholds acceptance of the lot based on the results of the representative sample inspection.

5.8.4 The inspector initiates an HMPTS Container Nonconformance Report (NCR) for all nonconforming items and does not stamp the appropriate block of the check list but notes the NCR number in that block. The nonconforming material requiring action other than Return To Vendor (RTV), will be brought to the attention of the HMPTS Assurance Office for disposition.

**5.9** Upon completion of inspection, the inspector stamps and dates each block reflecting acceptance on the inspection check list, Appendix 3 of this procedure. If items are nonconforming, the inspector will note the deficiency on the check list and write the NCR number in the appropriate block. The inspector makes copies of the Inspection Check List and suppliers Packing Slip and forwards a copy to HMPTS Assurance Office for inclusion in the Supplier Performance History data base and a copy to Stock Control. For TRU Waste Containers a completed copy of the inspection check list is also forwarded to the WCE.

**5.10** Conforming items are released for forwarding to receiving for stocking or issuing to the requester as applicable. Nonconforming items which have not immediately been returned to vendor, are placed in a segregated area for disposition by the HMPTS Assurance Office.

# Appendix 1

## QP-8.1
## M-078-90.0, Rev. 0, Change 3

### Zero Defect Sampling Size Table
### C=0

AQL 1.0

| Lot Size | Sample Size |
|---|---|
| 1-13 | ALL |
| 14-150 | 13 |
| 151-280 | 20 |
| 281-500 | 29 |
| 501-1200 | 34 |
| 1201-3200 | 42 |
| 3201-10,000 | 50 |
| 10,001-35,000 | 60 |
| 35,001-150,000 | 74 |
| 150,001-500,000 | 90 |
| 500,001- and over | 102 |

AQL 4.0

| | |
|---|---|
| 1-3 | ALL |
| 4-25 | 3 |
| 26-50 | 5 |
| 51-90 | 6 |
| 91-150 | 7 |
| 151-280 | 10 |
| 281-500 | 11 |
| 501-1200 | 15 |
| 1201-3200 | 18 |
| 3201-10,000 | 22 |
| 10,001-35,000 | 29 |
| 35,001-and over | 29 |

**Note: The Acceptance Number in all cases is ZERO**

# Appendix 2

## QP-8.1
## M-078-90.0, Rev. 0, Change 3

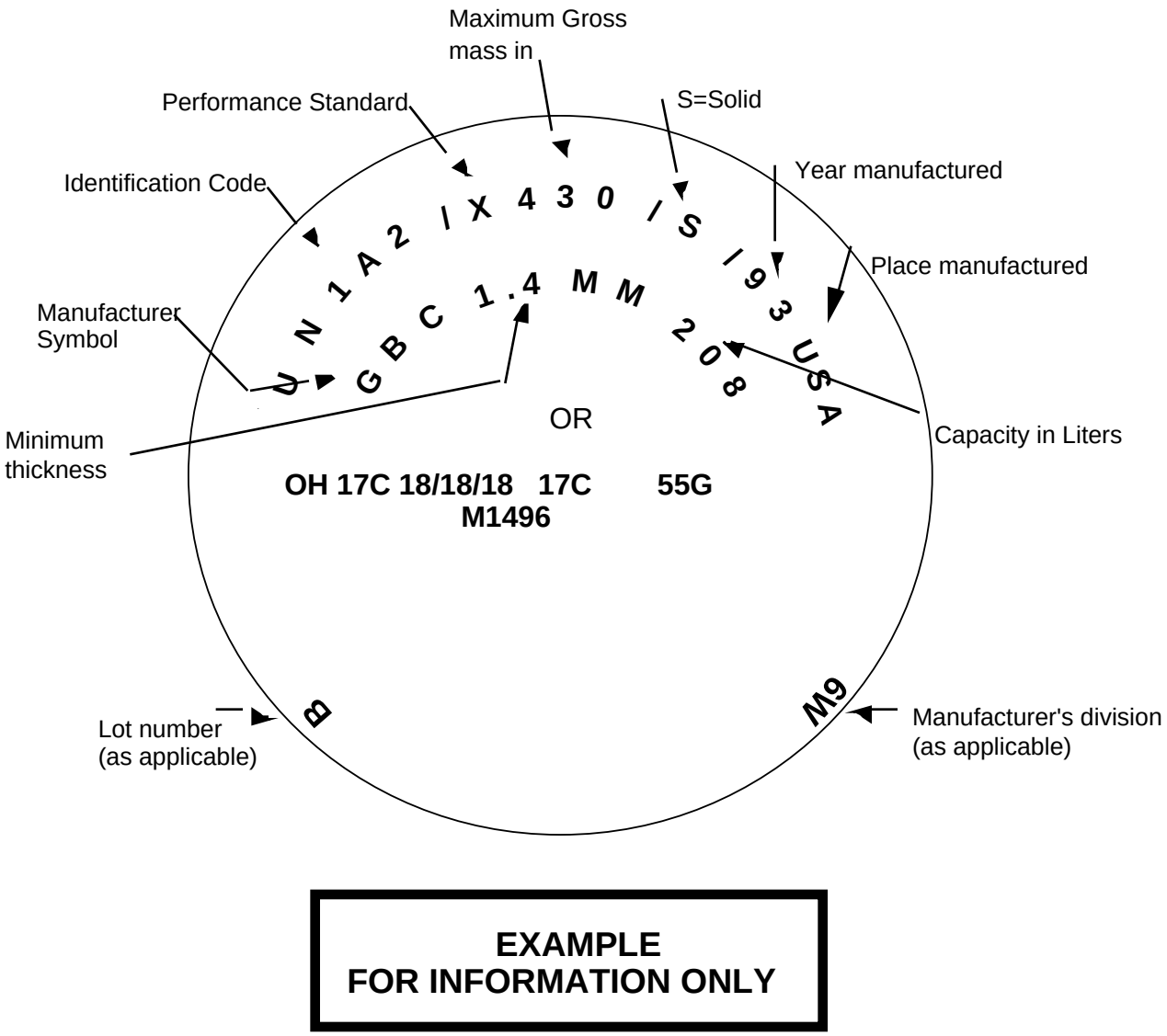


*Figure A-2 - An Example of a Bottom View of a Drum showing the Manufacturer's Markings*

## HMPTS Receiving Inspection Checklist for New Containers Form

**INSERT HERE**

| | | | |
|---|---|---|---|
| **LLNL** | **Approved by:**<br>**Original Signed and on file in the HMPTS Assurance Office** | **Effective Date:**<br>**11/95** | **Procedure No.**<br>**M-078-90.0, QP-8.2** |
| **HMPTS** | **Prepared by: A. DeMers** | **Page 1 of 2** | **Revision: 0**<br>**Change 3** |

# Subject: HMPTS Quality Inspection Stamp Control Procedure

## 1.0 Purpose

This procedure is for setting forth the requirements for issuing, using and controlling the HMPTS Assurance quality inspection stamps that are required by Quality Inspection personnel.

## 2.0 Scope

This procedure applies to inspectors with the issuance, use, and/or control of quality inspection stamps

## 3.0 Definitions

N/A.

## 4.0 Procedure

**4.1** HMPTS Assurance Quality control stamps are made of rubber or similar substance for use with permanent ink to be applied to the applicable documents and, when required, products.

**4.2** Each stamp will be identified with a unique number, uniquely assigned to a specific individual.

**4.3** Responsibility for issuing and controlling quality inspections stamps is vested in the HMPTS Assurance Office.

**4.4** A stamp will be issued, after proper training by the HMPTS Assurance Office, to the qualified person.

**4.5** Receipt of stamps will be documented on the Stamp Control Log and Receipt Quality Inspection Form, Appendix 1. This will reflect the name of the individual receiving the stamp, date of issue, an impression of the actual stamp issued and if applicable, the date the stamp was returned or reported as lost. By signing the Receipt Log, the recipient acknowledges both the receipt of the issued stamp and the understanding of the proper use of this stamp.

**4.6** The stamp recipient is the only person permitted to use the assigned stamp and is responsible for keeping it clean and its impression legible. Worn stamps must be replaced.

**4.7** The recipient is responsible for immediately reporting, in writing, the loss of a stamp to the HMPTS Assurance Office.

**4.8** The HMPTS Assurance Office is responsible for notifying the department involved, in writing, announcing the loss of a stamp and citing dates when its use will not be valid.

**4.9** Stamps returned because of transfer, or termination will not be reissued for six (6) months. the identification number of stamps which have been reported as lost will not be reissued for twelve (12) months after their reported loss.

## Appendix - 1

## HMPTS Quality Inspection & Identification Stamps
## Receipt & Control Log

**RECEIPT**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| Date Issued: | | Name: | | Stamp No: | 1 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 2 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 3 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 4 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 5 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 6 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 7 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 8 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 9 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 10 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 11 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |
| Date Issued: | | Name: | | Stamp No: | 12 | Ret/Loss: | | Issuer's Name: | |
| | | Signature: | | Impression: | | Date: | | Issuer's Signature: | |

| | | | |
|---|---|---|---|
| **LLNL** | **Approved by:**<br>**Original signed and on file in the HMPTS Assurance Office** | **Effective Date:**<br>**11/95** | **Procedure No.**<br>**M-078-90.0, QP-9.1** |
| **HMPTS** | **Prepared by: A. DeMers** | **Page 1 of 3** | **Revision: 0**<br>**Change 3** |

# Subject: HMPTS Management Assessments

## 1.0 Purpose

To provide a controlled method for performing QA assessments of the HMPTS Committee and Principal Participant organizations in compliance with HMPTS QA Plan M-078-90.0

## 2.0 Scope

This procedure applies to all personnel involved in the planning and performance of HMPTS Management Assessments.

## 3.0 Procedure

**3.1** A periodic QA assessment schedule shall be developed by the HMPTS Assurance Office. The schedule will be reviewed for approval by the HMPTS Committee Chairman.

The schedule will identify the following:

- The activities to be evaluated.
- The month and year in which each assessment is to take place.
- The expected duration of each audit.

All activities within the scope of the HMPTS Program shall be evaluated on a periodic basis. The assessment frequency for an activity will be based on its importance to the HMPTS Program objectives. At a minimum, all activities will be evaluated at least once every three years. Areas identified during assessments as deficient will be reassessed during the next scheduled appraisal to determine if the corrective actions implemented are effective and prevent recurrence.

**3.2** A written plan shall be developed for each assessment. The plan shall, at a minimum, include the following:

- The purpose and scope of the assessment.
- The name of the organization to be evaluated.
- The specific QA plans, procedures or other documents to which compliance is to be evaluated.

The responsible managers shall be notified as early as possible prior to the scheduled beginning of each assessment.

**3.3** QA assessments shall be performed by technically knowledgeable individual(s) who have not been directly involved in the performance or supervision of the activity since the last HMPTS assessment of that operation. The lead auditor shall be a Certified Lead Auditor and knowledgeable in Quality Assurance systems. Other auditor(s) may be individuals with expertise in the specific activity to be evaluated. In addition, "Auditor(s) in training" may assist in the system assessment.

**3.4** Check lists, Appendix 2, will be prepared based on the requirements defined in the scope of the assessment and the relevant QA plans and procedures. The lead auditor is responsible for supervision of the development of the checklists.

**3.5** An opening meeting will be scheduled with the management of the organization prior to beginning the evaluation activities of the assessment. The purpose of the opening meetings is to:

- Introduce members of the appraisal team and the auditee's point of contact during the appraisal.
- Present the appraisal plan and objectives.
- Confirm the appraisal schedule.

**3.6** The auditor(s) will examine records in accordance with the prepared check lists and interview the individuals responsible for performing the activities under evaluation to the extent required to assess the level of compliance with applicable requirements. The individuals interviewed and the records reviewed will be recorded on the check list. The use of checklists provides an orderly approach to the evaluation and assures that all planned areas are evaluated. However, they should not restrict assessment activities when an auditor observes a related activity or problem that requires additional examination.

3.6.1 When large numbers of records are available for review, a random sample of the records shall be selected for evaluation. Sample sizes shall be selected using the Zero Acceptance Number (C=0) sampling plans for AQL 10.0. See Appendix 1

3.6.2 Upon completion of each area evaluated, the auditor shall review the results with the responsible individual to avoid factual errors in the findings. Any disagreement concerning the accuracy (not interpretation) of the findings should be resolved at this time. All additional evidence of compliance presented to support the auditee's position should be evaluated.

3.6.3 All findings will be recorded on forms shown in Appendix 3.

**3.7** Upon completion of the evaluation phase of the assessment, a closing meeting will be conducted with the auditor(s) and the management for each organization evaluated to present and clarify all assessment findings.

**3.8** An assessment report will be prepared by the lead auditor for each assessment. This report will be distributed to the Department Head of the organization evaluated, the HMPTS Committee Chairman, the LLNL Assurance Office and to additional individuals as directed by the HMPTS Committee Chairman. The assessment report will include the following:

- The assessment title and assigned number.
- Date of the assessment and the name of the organization evaluated.
- Purpose and scope of the assessment.
- QA plans, procedures and other standards used for evaluating compliance.
- The names of the participants, both the assessment team and the individuals interviewed.
- A summary of the assessment results.
- A description of each finding.
- Recommendations and suggestions when determined appropriate.
- A copy of the assessment plan may be attached

The assessment is completed upon the submission of the final assessment report to the requester.

# Appendix - 1

## QP-9.1

## Zero Defect Sampling Plan
## C=0

### AQL 10.0

| Lot Size | Sample Size |
|---|---|
| 2 to 25 | 2 |
| 26 to 50 | 3 |
| 51 to 90 | 4 |
| 91 to 150 | 5 |
| 151 to 280 | 6 |
| 281 to 500 | 7 |
| 501 to 1200 | 8 |
| 1201 and over | 9 |

# Appendix - 2
# QP-9.1
# HMPTS Audit Check List

| | | |
|---|---|---|
| Audit No. | Auditor: | Date: |
| Organization Audited: | | Location: |
| Individuals Contacted: | | |
| | | |
| | | |
| | | |
| Requirement: | | |
| Applicable records: | | |
| | | |
| Records/activity evaluated: | | |
| | | |
| | | |
| | | |
| Comments: | | |
| | | |
| | | |
| | | |
| | | |
| Requirement: | | |
| Applicable Records: | | |
| | | |
| Records/activity evaluated: | | |
| | | |
| | | |
| | | |
| Comments: | | |
| | | |
| | | |
| | | |
| | | |

# Appendix - 3
# QP-9.1
# HMPTS Audit Finding Report

| | | |
|---|---|---|
| Auditor: | | Finding No: |
| Audit No: | Check List Page: | Date: |
| Organization: | Audit Rep. | Location: |
| REQUIREMENT: | | |
| FINDING: | | |
| ROOT CAUSE: | | |
| CORRECTIVE ACTION TAKEN:<br><br>BY: | | EFFECTIVE DATE: |
| APPROVED BY: | | Date: |

| | | | |
|---|---|---|---|
| **LLNL** | **Approved by:**<br><br>**Original Signed by Harry Galles** | **Effective Date: 1/96** | **Procedure No. M-078-90.0, QP-10.1** |
| **HMPTS** | **Prepared by: Charleen Roper** | **Page 1 of 30** | **Revision: 1** |

# *Subject: DRIVER'S QUALIFICATION FILE PROCEDURE*

# *DRIVER'S QUALIFICATION FILE PROCEDURE*

# Contents

# Contents *Continued*

# *DRIVER'S QUALIFICATION FILE PROCEDURE*

## 1. Introduction

### 1. Purpose

The purpose of the "Driver's Qualification File Procedure" is to set forth procedures that apply to the creation and maintenance of Driver's Qualification Files (DQFs) at Lawrence Livermore National Laboratory in accordance with Federal Motor Carrier Safety Regulations and the LLNL "Driver's Qualification File Policy."

### 2. Policy

The Laboratory shall maintain a Driver's Qualification File (DQF) for each employee that is required to hold a commercial driver's license to perform their current job duties. These files will be kept in accordance with the Department of Transportation (DOT) Title 49 CFR Chapter III, Subchapter B-Federal Motor Carrier Safety Regulations.

*continued on next page*

## 1. Introduction *continued*

### 3. Contents of the Driver's Qualification Files

The qualification file for each driver must include the following documents, as appropriate for a driver hired on/after 1/1/71:

- Medical examiner's certificate of the driver's physical qualification to drive or a legible photocopy of the certificate
- Memo regarding pre-employment urinalysis (memo to file or memo from Human Reliability Programs)
- Letter of physical disqualification, if waiver was issued
- Photocopy of the Commercial Driver's License (does not apply if hired as a trainee)
- Department of Motor Vehicles (DMV) driving printout related to violations (applies to new hires only)
- Driver's Record and Certificate of Road Test (Equivalent: Valid CDL)
- Employment Application
- Memo regarding request for information from previous employer or copy of form authorizing request for information from previous employer
- Any other matter related to driver's qualifications or ability to drive a motor vehicle safely
- Personal information (driver's name, social security number, ID number, type, issuing state of motor vehicle operator's license)
- California DMV Driver Record Information – via the Employer Pull Notice Program
- Annual review of driving record by DQF Administrator
- Memo verifying LLNL participation in California DMV Employer Pull Notice Program
- Certification of Violations form completed by drivers annually

Refer to the "Driver's Qualification File Policy" for specific details and for information related to drivers hired before 1/1/71 and for intermittent, casual or occasional drivers.

*continued on next page*

# 1. Introduction *continued*

## 4. Participants

In order to complete and fulfill the requirements of the Driver's Qualification File, the following departments, agencies and personnel are responsible for various aspects of the Driver's Qualification File, as detailed in this procedure:

- Business Services Department Driver's Qualification File Administrators
- Department Contacts, representing those departments employing individuals requiring commercial driver's licenses, as assigned by the Department Heads
- Employees required to hold commercial driver's licenses
- Human Resources Department
- Laboratory Assurance Office
- Office of Investigative Services, Safeguards and Security
- HMPTS Technical Contact
- Supplemental Labor Vendors who provide commercial drivers to LLNL
- California and Nevada Department of Motor Vehicles

## 5. Definitions

- **Computerized Driver File** – Means of providing notice of DQF requirements that are due to expire and identify the DQF information that is complete; maintained by DQF Administrator
- **Department Contact** – A representative assigned by a Department Head to interface with employees holding CDLs within that Department and acts as a liaison to the Business Services Department DQF Administrator
- **DQF** – Driver's Qualification File
- **Employer Pull Notice Program** – This program, managed by the California Department of Motor Vehicles, assists the employer in identifying a driver that:
  - Has been convicted of a driving offense, or who
  - Is accumulating a negligent operator's record, or
  - Has any other action taken against the driving privilege or certificate.
- **HMPTS** – Hazardous Materials Packaging and Transportation Safety
- **OIS** – Office of Investigative Services, Safeguards and Security Department

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## 1. Introduction *continued*

### 6. Applicable Forms and Reports

- The following forms are required for completion of the Driver's Qualification File and are available through the Business Services Department, DQF Administrator:
  - Request for Check of Driving Record (J.J. Keller-16F)
  - Record of Road Test (J.J. Keller-13F)
  - Physical Examination of Drivers (J.J. Keller-2B)
  - Certification of Violations (J.J. Keller-12F)
  - Annual Review of Driving Record (J.J. Keller-7B)
  - Notice of Disqualification - Part 383
  - Notice of Disqualification - Part 391

- The following forms are available through the Department of Motor Vehicles:
  - Information Services Program Governmental Requester Account Application (INF 1130/1)
  - Government Agency Request for Driver License/Identification Record Information (INF 254)
  - Government Employer Pull Notice (INF 1103)
  - Requester Code Change of Address (INF 350)
  - Government Employer Pull Notice Driver Licensed Out of State Additions (INF 1103A)

- Only an authorized requester approved through the DMV Employer Pull Notice Program may obtain the following reports through the Department of Motor Vehicles:
  - Driving records of individuals – Driver Record Information
  - Vehicle registration information

- Department Contacts can request the following forms (available on the BSD server) and reports through the Laboratory Assurance Manager:
  - LLNL CDL Holders List
  - LLNL CDL Holders List Addition Request
  - LLNL CDL Holders List Deletion Request
  - LLNL CDL Holders List Data Change Request

# 2. Department of Motor Vehicles' Driver Record Information

## 1. Overview of the Employer Pull Notice Program

California Department of Motor Vehicles (DMV) administers an Employer Pull Notice Program which provides "Driver Record Information" to authorized requesters (employers, government and law enforcement agencies) requiring information about their employees who hold commercial driver's licenses to fulfill their job assignments.

This program is utilized by the Laboratory to identify employees holding commercial driver's licenses who:

- Have been convicted of a driving offense, or
- Are accumulating a negligent operator's record, or
- Have any other action taken against the driving privilege or certificate.

## 2. Laws Related to the Employer Pull Notice Program

Laws and regulations which affect the Pull Notice Program are:

California Vehicle Code (CVC) Section 1808.1 which requires the Public Utilities Commission (PUC) regulated common carriers, cement carriers, and permit carriers to check the driving records of all persons, whether employees or subhaulers, operating vehicles used in transportation for compensation requiring a Class 1/A license.

CVC Section 1808.1 (c) which requires the PUC to check the driving records of owner-operators at least annually. It also requires employers of drivers of vehicles which require a Class 1/A or Class 2/B driver's license to participate in the Employer Pull Notice Program.

## 3. DMV Driver Record Information

The Department of Motor Vehicles' Driver Record Information, secured by the DQF Administrator through the Employer Pull Notice Program, reports the following information on an individual driver:

- Full name, address, previous address
- Commercial driver's license number, class
- Date of issuance and expiration date
- Medical exam expiration date
- Reports (i.e., not valid for commercial operation)
- Vehicle code violations
- Dispositions
- Restrictions
- Endorsements/Certificates
- Out-of-state violations

*continued on next page*

## 2. Department of Motor Vehicles' Driver Record Information *continued*

### 4. DMV Driver Record Information Held in Confidence

All information detailed in the DMV Driver Record Information report is confidential. Only the following designated personnel are authorized to have access to this information:

- Business Services DQF Administrators (Authorized DMV Government Information Requester)
- Office of Investigative Services in Safeguards and Security
- Hazardous Materials Packaging and Transportation Safety (HMPTS) Technical Contact
- Affected employee holding a commercial driver's license
- Affected employee's supervisor

### 5. General Review of the Driver Record Information

The following describes the procedures for reviewing a Driver Record Information report through the DMV.

| Step | Who | Action |
|---|---|---|
| 1 | Driver's Qualification File Administrator | Review the DMV Driver Record Information for restrictions, violations, expiration dates, and negative activity. The DMV Driver Record Information is sent after initial enrollment into the Employer Pull Notice Program, when a letter of "on demand" is submitted, and every 6 months thereafter, or when negative activity occurs. |
| 2 | | If there is no negative activity reported on the Driver Record, the Driver Record Information is filed in the appropriate Driver's Qualification File. |

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## 2. Department of Motor Vehicles' Driver Record Information *continued*

### 6. Report of "Not Valid for Commercial Operation"

The following describes the procedures to be taken when an employee's DMV Driver Record Information reports that the individual is "Not Valid for Commercial Operation," or has been disqualified from operating a commercial motor vehicle.

NOTE: The reasons for the disqualification may include:
- Commercial driver's license was not renewed
- Current medical exam report is required
- Failure to appear
- Verbal service required

| Step | Who | Action |
|---|---|---|
| 1 | Driver's Qualification File Administrator | Upon receiving a DMV report which specifies that an employee is not valid for commercial operation, immediately sends a memo to the appropriate Department Contact explaining the reason for disqualification and suggested corrective action. Copies of the memo are also sent to the Department Head, the employee's immediate supervisor, the employee, the Laboratory Assurance Office and the HMPTS Technical Contact.<br>If report specifies **Verbal Service Needed** or a **Failure to Appear**, contacts the Office of Investigative Services to take appropriate action. |
| 2 | Department Contacts | Provide instructions to employee for taking corrective action.<br>***IMPORTANT: The driver may not operate a commercial motor vehicle for LLNL until the DMV reports that he/she has been re-qualified.*** |

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## 2. Department of Motor Vehicles' Driver Record Information *continued*

### 6. Report of "Not Valid for Commercial Operation" *continued*

| Step | Who | Action |
|---|---|---|
| **3** | Employee | Follow the instructions for correction provided by the Department Contact.<br><br>NOTE: Corrective actions are as follows:<br>Medical Exam Results (a copy of both sides of a current medical examination) may be faxed to DMV, Sacramento. DMV Commercial Driver's License Unit Fax. No. (916) 657-9051.<br>Current Commercial Driver's License (copy) may be faxed to DMV, Sacramento. DMV Commercial Drivers License Unit Fax. No. (916) 657-9051.<br><br>***IMPORTANT: Do not operate a commercial motor vehicle for LLNL until DMV reports action has been cleared.*** |
| **4** | Driver's Qualification File Administrator | Contacts the Office of Investigative Services, after 10 working days, to verify whether the negative action has been resolved.<br><br>If needed, a request "on demand" can be submitted to the DMV Government Employer Pull Notice Program for the release of the most current driver record information. |
| **5** | Office of Investigative Services | Verifies through the DMV computer network that the driver's record has been cleared and driving privileges reinstated. Notifies the DQF Administrator of the status of the driver, either by phone or Fax. |
| **6** | Driver's Qualification File Administrator | After notification from the Office of Investigative Services, sends a memo to the Department Contact regarding the driver's re-qualification. |

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## 2. Department of Motor Vehicles' Driver Record Information *continued*

### 3. Employer Pull Notice Program

The following table describes the procedure for the Laboratory's administration of the DMV Employer Pull Notice Program:

| Step | Who | Action |
|---|---|---|
| 1 | Departments | • Provide updated CDL driver's listing through LAO by using the addition and deletion forms available on the BSD server as required. |
| 2 | Business Services Department | • Submits to DMV the required information for those employees whose job duties require them to possess a CDL for inclusion in the Employer Pull Notice Program.<br>• Receives "Driver Record Information" from DMV.<br>• Obtains the HMPTS Technical Contact's signature when a violation is listed.<br>• Notifies the Office of Investigative Services, Safeguards and Security, immediately when Driver Record Information states "Verbal Service Needed" or "Failure to Appear" (FTA). |
| 3 | Safeguards and Security | • Takes appropriate action when notified by BSD that "Driver Record Information" states "Verbal Service Needed" or "FTA."<br>• Provides updated DMV status when requested by the Business Services Department. |
| 4 | HMPTS Technical Contact | • Reviews "Driver Record Information" to assure that drivers are currently qualified to operate commercial motor vehicles (CMVs). |

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## 2. Department of Motor Vehicles' Driver Record Information *continued*

### 3. Employer Pull Notice Program *continued*

| | | |
|---|---|---|
| **5** | Business Services Department | • Notifies Department contact when a driver is no longer qualified to drive a CMV.<br>• Updates driver's status in file and database.<br>• Updates DMV as needed when CDL holders are added or deleted.<br>• Notifies Department Contact of driver's subsequent re-qualification. |
| **6** | Departments | • Ensure drivers take immediate appropriate corrective action as necessary to become re-qualified.<br>• Ensure drivers do not operate a commercial motor vehicle for LLNL while disqualified. |

# 3. Creating and Maintaining Driver's Qualification Files

## 1. Procedure for Newly-Hired Drivers

The following table describes the procedure for creating Driver's Qualification Files for newly-hired employees and existing employees transferring to a position requiring a CDL as a result of a job posting:

| Step | Who | Action |
|---|---|---|
| 1 | Departments | • Ensure that CDL is listed as a requirement on the personnel requisition form and posting description. |
| 2 | Human Resources | • Notifies BSD that personnel requisition requiring CDL has been received. |
| 3 | Business Services Department | • Prepares DQF and forward required forms to Human Resources for applicant to complete. |
| 4 | Applicant | • Completes forms required to comply with Federal Motor Carrier Safety Regulations (391.5). |
| 5 | Human Resources | • Forwards completed forms to BSD. |
| 6 | Business Services Department | • Completes DQF.<br>• Log driver's name and data into tracking system.<br>• Enrolls CDL holder into Employer Pull Notice Program. |
| 7 | HMPTS Technical Contact | • Reviews Department of Motor Vehicle reports to assure that applicants are currently qualified to operate commercial motor vehicles. |

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## 3. Creating and Maintaining Driver's Qualification Files *continued*

### 2. Procedure for Existing Employees

The following table describes the procedure for maintaining Driver's Qualification Files for existing employees whose job duties require possession of a CDL:

| Step | Who | Action |
|---|---|---|
| **1** | Departments | • Ensure that CDL is listed as a requirement on the position description.<br>• Ensure employee is listed with LAO as requiring a CDL to perform their job duties. |
| **2** | Business Services Department | • Collects existing DQF from Department or create DQF if none exists.<br>• Requests remaining information from the Departments to complete DQFs.<br>• Logs driver's name and data into tracking system.<br>• Enrolls CDL holder into Employer Pull Notice Program. |
| **3** | Required CDL Holders | • Completes forms required to complete the DQF.<br>• Notifies supervisor immediately when driving status becomes inactive and when subsequently restored to active status. |

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## 3. Creating and Maintaining Driver's Qualification Files *continued*

### 2. Procedure for Existing Employees *continued*

| | | |
|---|---|---|
| **4** | Departments | • Notify BSD in writing immediately when driver's status becomes inactive and when subsequently restored to active status. |
| **5** | HMPTS Technical Contact | • Provides regulatory guidance and interpretation for Department of Transportation issues that may arise. |

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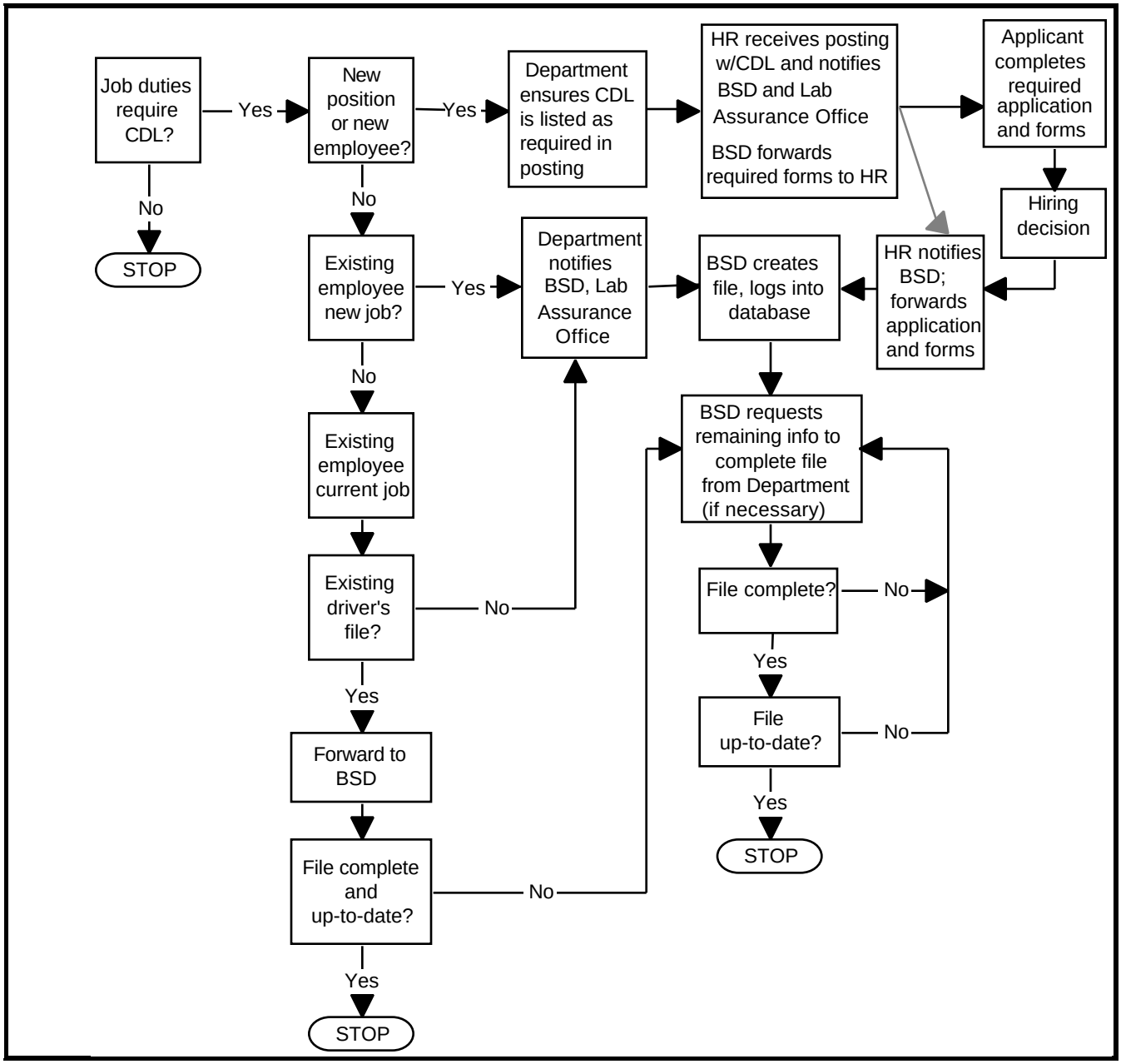
## 3. Creating and Maintaining Driver's Qualification Files *continued*

### 3. Flowchart

The following flowchart depicts the process for creating and maintaining Driver's Qualification Files.


Job duties require CDL?
Yes
New position or new employee?
Yes
Department ensures CDL is listed as required in posting
HR receives posting w/CDL and notifies BSD and Lab Assurance Office
BSD forwards required forms to HR
Applicant completes required application and forms
Hiring decision
No
STOP
No
Existing employee new job?
Yes
Department notifies BSD, Lab Assurance Office
BSD creates file, logs into database
HR notifies BSD; forwards application and forms
No
Existing employee current job
BSD requests remaining info to complete file from Department (if necessary)
Existing driver's file?
No
File complete?
No
Yes
Yes
File up-to-date?
No
Forward to BSD
Yes
STOP
File complete and up-to-date?
No
Yes
STOP

# 4. Adding and Deleting Drivers

## 1. Procedure for Adding and Deleting Drivers

The following table describes the procedure for adding or deleting drivers:

| Step | Who | Action |
|---|---|---|
| 1 | Departments | • Desire to add or delete driver based on job requirements.<br>• Fill out required form (available from the Laboratory Assurance Office or on BSD server) and obtain appropriate signature.<br>• Fax the completed form to the Laboratory Assurance Office (followed up by mailing the original) and Fax a copy to the DQF Administrator. |
| 2 | Laboratory Assurance Office | • Processes addition or deletion request.<br>• Updates CDL listing.<br>• Provides informational materials for driver's signature.<br>• QuickMails updated CDL Holders List to the appropriate receivers. |
| 3 | Business Services Department | • Updates CDL database to reflect addition or deletion of driver.<br>• Completes DQF, or retain DQF in Terminated Files for three years.<br>• Enrolls or deletes driver in/from Employer Pull Notice Program. |

# 5. Update Requirements for File Items

## 1. Required Updates

The following table describes the frequency of update for each item in the Driver's Qualification File:

| Frequency | Item |
|---|---|
| Once | • Job application pursuant to 391.21<br>• The responses of state agencies and past employers to the motor carrier's inquiries concerning the driver's driving record and employment (391.23)<br>• The certificate of driver's road test issued to the driver (391.31), or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test (391.33) |
| Annual | • The note relating to the annual review of driving record (391.25)<br>• The list or certificate relating to violations of motor vehicle laws (391.27) |
| Bi-annual | • Certificate of physical evaluation to drive a motor vehicle<br>• The letter of the Regional Director, Motor Carrier Safety granting a waiver of physical disqualification, if a waiver was issued (391.49) |
| As required by regulation | • Any other matter which relates to the driver's qualifications or ability to drive a motor vehicle safely (i.e. Record of completion of training requirements under 397.101 for drivers carrying radioactive materials) |

# 6. Responsibilities of the Laboratory Assurance Office

## 1. Controlled Substances and Alcohol Use Testing Program

The Laboratory Assurance Office is responsible for managing the LLNL Drug Testing Program for employees holding commercial driver's licenses, conducting surveys of CDL holders, and maintaining the Commercial Drivers List.

NOTE: Alcohol and / or drug testing results include:

- Pre-assignment drug
- Random alcohol and / or drug
- Reasonable suspicion, alcohol and / or drug
- Post-accident alcohol and drug
- Return to duty alcohol and / or drug
- Follow-up alcohol and / or drug

Listed below are the procedures for managing the drug testing program:

| Step | Who | Action |
|---|---|---|
| **1** | Laboratory Assurance Office | If a driver's alcohol and / or drug testing indicates positive results, notifies the DQF Administrator and deletes the driver from the CDL Holders List. |
| **2** | Laboratory Assurance Office | Submits a pass or fail memo to the DQF Administrator to be kept in the Driver's Qualification File. |

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## 6. Responsibilities of the Laboratory Assurance Office *continued*

### 2. LLNL Commercial Drivers List

The Laboratory Assurance Office is responsible for maintaining the LLNL Commercial Drivers List as follows:

| Step | Who | Action |
|---|---|---|
| 1 | Laboratory Assurance Office | Sends updated listings of all LLNL employees who hold commercial driver's licenses to the DQF Administrator and to all Department Contacts. A new list is QuickMailed when there is addition or deletion of a driver. |
| 2 | Department Contacts | Notify the Laboratory Assurance Office of any additions or deletions to the CDL Holders List by using the appropriate form. |
| 3 | Laboratory Assurance Office | As needed, adds or deletes drivers to/from the LLNL CDL Holders List.<br><br>Submit the corrected, updated list to the DQF Administrator for review. |

# 7. Responsibilities of the Laboratory HMPTS Technical Contact

### 1. Status of New or Transferred Employees

The Laboratory HMPTS Technical Contact is responsible for assuring that new hires and employees transferring into this program do not have any restrictions on their commercial driver's license record.

| Step | Who | Action |
|---|---|---|
| **1** | HMPTS Technical Contact | Acts as a resource to determine whether a newly-hired or transferred employee requires a CDL to perform their assigned job responsibilities. |
| **2** | HMPTS Technical Contact | Reviews and approves the driver's DMV printout. |
| **3** | HMPTS Technical Contact | Reviews and approves all violation codes on the DMV "Driver Record Information" from the Employer Pull Notice Program. |

# 8. Responsibilities of the Office of Investigative Services

### 1. Office of Investigative Services

The Office of Investigative Services in the Safeguards and Security Department will take appropriate action in conjunction with the Employer DMV Pull Notice Program and the DMV Drivers Printout.

| Step | Who | Action |
|---|---|---|
| **1** | Office of Investigative Services | Notifies the supervisor and employee as appropriate concerning information contained in the Driver Record Information or Driver's DMV Printout. |
| **2** | Office of Investigative Services | Verifies through the DMV if the driver has taken the appropriate corrective action and has been re-qualified to drive. |

# 9. Responsibilities of the Human Resources Department

## 1. Newly-Hired Employee

The Laboratory Human Resources Department receives a Personnel Requisition, which specifies that an employee requires a commercial driver's license.

| Step | Who | Action |
|---|---|---|
| 1 | Human Resources | Notifies Business Services Department/Driver's Qualification File Administrator of the Commercial Driver License requirement. |
| 2 | Driver's Qualification File Administrator | Forwards the appropriate forms to Human Resources which must be completed and returned with a copy of the offer of employment letter. |
| 3 | Human Resources | Forwards the following to the DQF Administrator:<br>- CDL (does not apply if hired as a trainee)<br>- DMV driving printout<br>- Medical Examiner's Certificate (Equivalent for Trainees: The Pre-placement Medical Approval, approved to operate a commercial motor vehicle)<br>- Authorized Request for Check of Driving Record<br>- Record and Certificate of Road Test (Equivalent: Valid CDL)<br>- Offer of Employment Letter<br>- Employment Application<br>- Confirmation of pass or fail test results |

## 2. Review of the Driver's DMV Printout

| | | |
|---|---|---|
| 1 | Human Resources | Notifies the requesting supervisor when there is a concern after reviewing the Driver's DMV Printout. |
| 2 | Human Resources | Reports any violation codes to the HMPTS Technical Contact, who will review the Driver's DMV Printout. |
| 3 | Human Resources | If the Driver's DMV Printout reports "Verbal Service Needed" or "Failure to Appear" (FTA), contacts the Office of Investigative Services, Safeguards and Security, so that they can advise the applicant. |

# 10. Responsibilities of the Supplemental Labor Office

## 1. New Hires

The Supplemental Labor Office is responsible for the following, as it relates to the Driver's Qualification Files:

| Step | Who | Action |
|---|---|---|
| **1** | Supplemental Labor Office | Submits to the DQF Administrator a copy of the employment offer letter, which specifies that the new employee requires a commercial driver's license. |
| **2** | Driver's Qualification File Administrator | Performs periodic assessments of the Supplemental Labor Vendor's DQFs and provides a report of results and findings to the Business Services Department Head, the HMPTS Technical Contact and the Supplemental Labor Vendor. |
| **3** | Supplemental Labor Vendor | Responds to and corrects assessment findings. |

# 11. Responsibilities of the Department Contacts

## 1. Responsibilities

The Department Contacts are responsible for the following, as it relates to the Driver's Qualification Files:

| Who | Action |
|---|---|
| Department Contacts | Act as a liaison between the Department and the DQF Administrator. |
| Department Contacts | Contact the Laboratory Assurance Office if an employee holding a CDL has been added or released from the Department, or his job assignment has changed and a CDL is no longer required. |
| Department Contacts | Report to the Laboratory Assurance Office if an employee holding a CDL has been put on inactive status. |

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## 11. Responsibilities of the Department Contacts *continued*

| | |
|---|---|
| Department Contacts | Assure, through the driver's supervisor, that the employee has received the required training for the assigned position involving the use of a commercial driver's license (e.g., Hazardous Material Training). |
| Department Contacts | Ensure that disqualified drivers do not operate a commercial motor vehicle for LLNL until re-qualified. |
| Department Contacts | Forward to the DQF Administrator or authorized requester any required information regarding a specific driver. |

# 12. Responsibilities of the Employee Holding a Commercial Driver's License

The employee holding a commercial driver's license is responsible for the following, as it relates to the Driver's Qualification Files:

| | Who | Action |
|---|---|---|
| **1. Upon Initial Hire** | Employee with CDL | Upon hire, submits photocopies of the following completed forms and information to the Human Resource Department:<br>- CDL (does not apply if hired as a trainee)<br>- DMV driving printout<br>- Medical Examiner's Certificate or copy<br>- Authorized Request for Check of Driving Record<br>- Record and Certificate of Road Test (Equivalent: A valid CDL)<br>- Hire Letter<br>- Employment Application |
| **2. Driver Record Information: Corrective Action Required** | Employee with CDL | Follow the instructions for correction provided by the Department Contact.<br><br>NOTE: Corrective actions are as follows:<br>Medical Exam Results (a copy of both sides of a current medical examination) may be faxed to DMV, Sacramento. DMV Commercial Driver's License Unit Fax. No. (916) 657-9051.<br>Current Commercial Driver's License (copy) may be faxed to DMV, Sacramento. DMV Commercial Drivers License Unit Fax. No. (916) 657-9051.<br><br>***IMPORTANT: Do not operate a commercial motor vehicle for LLNL until DMV reports action has been cleared.*** |
| **3. Disclosure of Vehicle Code Violations** | Employee with CDL | Immediately notifies the supervisor and Department Contact of any violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) for which the driver has been convicted, or if bond has been forfeited or collateral collected during the preceding 12 months. |
| **4. Training** | Employee with CDL | Obtains training as required by the Department, to satisfy federal and state orders and regulations. |

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## 12. Responsibilities of the Employee Holding a Commercial Driver's License *continued*

| | Who | Action |
|---|---|---|
| **5. Medical Exam Results to the Department of Motor Vehicles** | Employee with CDL | **A medical examination is required every two years for a Commercial Driver.**<br><br>Submit a photocopy of the Medical Examination Report or the Examining Doctor's Certification or the Medical Examiner's Certificate (copies of both sides) to DMV. (Notification of expiration date is sent by DMV and the Business Services Department.)<br><br>***NOTE: Failure to submit the medical examination report will result in a DMV report: "NOT VALID FOR COMMERCIAL OPERATION." The driver will be placed on inactive status and will be prohibited from driving a commercial motor vehicle for LLNL until the situation is resolved.*** |
| **6. Renewal of Commercial Driver's License** | Employee with CDL | Renews the commercial driver's license when it expires through the Department of Motor Vehicles. (Notification of expiration date is sent by DMV and the Business Services Department.)<br><br>***NOTE: Failure to renew a commercial driver's license will result in a DMV report: "NOT VALID FOR COMMERCIAL OPERATION." The driver will be prohibited from driving a commercial motor vehicle for LLNL until the situation is resolved.*** |

# 12. Appendix A

## 1. CDL-Holders List Addition Request

Rev. 9/1/95

### CDL-Holders List Addition Request

**ADDITION**

Please **add** the following individual to the LLNL CDL-Holders List in order to authorize him/her to drive or to be in readiness to drive a Commercial Motor Vehicle (defined in 49 CFR 383.5) as part of his/her LLNL job assignment:

Print Name:_____ Emp. No._____ CDL No._____

Group/Div:_____ L-Code:_____ Phone:_____

Signature: _____
CDL-Holder's signature indicating he/she has received booklet entitled, *"LLNL DOT Drug and Alcohol Informational Materials*".
(Copies may be obtained by calling 3-6984)

Print Supervisor's Name:_____ Supvr.Emp. No._____

Supvr. L-Code:_____ Supvr. Phone:_____ Supvr. Beeper:_____

Supvr. has completed course ED 7020 (*Alcohol and Substance Abuse Prevention)*?: No___, Yes_____
(4) (date)

---

Print:_____Signature:_____ _____
DQF DEPARTMENT CONTACT AUTHORIZING CHANGE Date

*(Distribution: Fax to Laboratory Assurance Office at 2-1593 (followed up by mailing the original to L-430)*
*Fax to Charleen Roper at 2-5509*

### 2. CDL-Holders List Deletion Request

Rev. 9/1/95

## CDL-Holders List Deletion Request

DELETION
Please **remove** the following individual(s) from the LLNL CDL-Holders List:

Print Name:_____ Emp. No._____

Print Name:_____ Emp. No._____

Print Name:_____ Emp. No._____

Print Name:_____ Emp. No._____

Print Name:_____ Emp. No._____

Print Name:_____ Emp. No._____

Print Name:_____ Emp. No._____

---

Print:_____Signature:_____ _____
DQF DEPARTMENT CONTACT AUTHORIZING CHANGE Date

*(Distribution: Fax to Laboratory Assurance Office at 2-1593 (followed up by mailing the original to L-430)*
*Fax to Charleen Roper at 2-5509*

### 3. CDL-Holders List Data Change Request

Rev. 9/1/95

## CDL-Holders List Data Change Request

**CHANGE**

Please **make the indicated changes** to the record of the following individual in the LLNL CDL-Holders List :

Print Name:_____ Emp. No._____ CDL No._____

Group/Div:_____ L-Code:_____ Phone:_____

**CHANGE IN SUPERVISOR**

Print Supervisor's Name:_____ Supvr. Emp. No._____

Supvr. L-Code:_____ Supvr. Phone:_____ Supvr. Beeper:_____

Supvr. has completed course ED 7020 (*Alcohol and Substance Abuse Prevention)*?: No___, Yes_____
(4) (date)

**CHANGE IN DEPT./DIV.**

Group/Div:_____

**CHANGE IN DRUG TESTING NOTIFICATION PERSON**

Name: _____

Phone:_____

Beeper:_____

Fax:_____

**OTHER:** _____

_____

_____

Print:_____Signature:_____ _____
DQF DEPARTMENT CONTACT AUTHORIZING CHANGE Date

*(Distribution: Fax to Laboratory Assurance Office at 2-1593 (followed up by mailing the original to L-430)*
*Fax to Charleen Roper at 2-5509*